



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

PATIENT RIGHTS AND GRIEVANCE PROCEDURE INFORMATION

Effective Date: March 31, 2003

Policy #: PR-04

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I. PURPOSE: To ensure a systematic process for informing patients about their rights and the hospital grievance procedure.

II. POLICY:

- A. Patients admitted to Montana State Hospital are afforded the protection of a number of rights established under state and federal law. Information about patient rights and the hospital grievance procedure will be provided to patient upon admission to the hospital. Information will be communicated in both written and oral form.
- B. If a patient's condition prevents meaningful communication about patients' rights, this information will be provided at a later time as soon as it is clinically feasible.
- C. Information about patients' rights and the grievance procedure will be posted on every hospital unit.

III. DEFINITIONS: None

IV. RESPONSIBILITIES:

- A. Social Workers are responsible for ensuring patients are aware of their rights within three (3) days of admission.
- B. The Treatment Team is responsible for communicating patient rights periodically during ward meetings and explaining patient rights versus responsibilities.

V. PROCEDURE:

- A. Within the first three days following admission, a social worker or other designated and appropriately trained staff person will review and discuss patient rights information with the patient. The patient will be asked to review and sign a Patients Rights Form. The original copy of the form will be given to the patient, and the duplicate will be entered into the medical record. The staff member will also review the Patient Grievance Procedure with the

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patient.

- B. If a patient is unable or refuses to sign the form or is unable to comprehend the information, staff will document this information in the progress notes, identify a time frame to reattempt to provide the information, and attempt to provide the information after the patient's psychiatric condition improves.
- C. Information about patients' rights will be communicated periodically during ward meetings and treatment programs.
- D. Staff members will reinforce concepts about the relationship between rights and responsibilities and the need to avoid actions that infringe upon the rights of others.

VI. REFERENCES: Patient Bill of Rights

VII. COLLABORATED WITH: Team Leaders, Director of Nursing Services

VIII. RESCISSIONS: #PR-04, *Patient Rights and Grievance Procedure Information* dated February 14, 2000; HOPP #96-PR-01, *Patient Rights and Grievance Procedure Information*, dated September 1, 1996.

IX. DISTRIBUTION: All hospital policy manuals.

X. REVIEW AD REISSUE DATE: March 2006

XI. FOLLOW-UP RESPONSIBILITY: Director of Quality Improvement

XII. ATTACHMENTS:

- A. Patient Bill of Rights document
- B. [Patient Grievance Form](#)

_____/____/____
Ed Amberg
Hospital Administrator

Date

_____/____/____
Connie Worl
Director of Quality Improvement

Date

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Patient Grievance Form

Before you complete this Patient Grievance Form, please attempt to resolve the matter informally with a staff member on your treatment unit, your Treatment Team, or someone else you trust. If a satisfactory resolution cannot be reached, complete this form and forward it to the Team Leader on your treatment unit. A staff member from your unit will meet with you to discuss your concern(s) in an attempt to resolve the matter. Your cooperation in finding a resolution is appreciated.

I would like resolution on a possible violation of patient rights at Montana State Hospital.

Name of person making complaint _____

Address/Treatment Unit _____

I request assistance from the Board of Visitors Yes _____ No _____

Date(s) of incident(s) _____

Right(s) violated _____

Describe Incident: _____

Suggestion(s) for resolution: _____

Signature _____ Date _____

Please send this form to your Treatment Team, Team Leader or Nurse Supervisor.

.....

Do not write in this section until you have discussed this grievance with MSH staff.

I am satisfied _____, not satisfied _____ this matter has been resolved by informal means.

Signature _____ Date _____

Patient Grievance Action Form

Please describe action taken to resolve the matter – include copies of documentation if necessary.

[illegible]

Recommendation(s) for resolution

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

When complete, forward this form along with the Patient Grievance Form to Sandy Frank. Thank You.